

Lodging Establishment Plan Review Questionnaire

Establishment Name			
Owner's Name		Phone #	
Physical Address			
Mailing Address			
City, State, Zip			
Est. Completion Date		Number of Units	

Please complete and return the following questionnaire along with the layout plan (drawn to at least a minimum scale of 1/4" = 1 foot) at least 30 days prior to the beginning of any construction .

Type of Lodging Establishment Hotel ☐ Specialty Resort ☐ Bed & Breakfast ☐

1. Has a layout plan of the lodging establishment been provided to the State Health Department for review?

Yes ☐ No ☐

Date Submitted

2. Water Supply: Public ☐ Private ☐ Rural Water ☐

Note: Private water systems must be analyzed for bacteriological and nitrate contamination. Attach a copy of the laboratory results.

3. Sewer System: Public ☐ Private ☐

Note: Private sewer systems must be approved by the Dept. of Environment and Natural Resources. Please contact DENR at (605)773-3351 for information on obtaining Sewer System approval.

4. What type of room heating equipment is provided? Fuel Fired ☐ Electric ☐ Other ☐

5. Is an area for outside garbage storage provided? Yes ☐ No ☐

A. If yes, are leakproof, nonabsorbent containers provided? Yes ☐ No ☐

6. Are smoke detectors provided in each sleeping room? Yes ☐ No ☐

Hardwired with battery backup ☐ Battery operated only ☐

7. What type of ventilation is provided in the bathrooms? Mechanical ☐ Natural ☐

8. Please describe the floor, wall, and ceiling coverings in the following areas:

	Floors	Walls	Ceilings
Bathrooms			
Laundry Rooms			
Sleeping Rooms			
Store Rooms			
Continental Brkfst. Room			
Kitchen Facilities			

9. Utensil washing facilities available? 2-compartment sink ☐ 3-compartment sink ☐ sanitizing dishwasher ☐

10. Is a separate hand sink provided in the food preparation area? Yes ☐ No ☐

11. Are laundry facilities located on site? Yes ☐ No ☐

A. If yes, what type of ventilation is provided? Mechanical ☐ Natural ☐

B. If no, where will laundry be done?

12. Are mechanical clothes driers provided? Yes ☐ No ☐

13. How is ice dispensed?

Self-service ☐

Automatic Dispenser ☐

Bagged ☐

Note: Ice machine drain lines must be air gapped. (indirectly hooked to drain)

14. Are meals or a continental breakfast provided?

Yes ☐

No ☐

A. If yes, please describe?

B. If yes, what equipment is provided in the kitchen?

15. Is a swimming pool provided?

Yes ☐

No ☐

Number of:

16. Is a spa or hot tub provided?

Yes ☐

No ☐

Number of:

Note: Please enclose construction plans and a pool or spa questionnaire for each pool, spa, and hottub.

Please Note: The American's with Disabilities Act requirements must be followed for handicapped accessibility in all lodging establishments.

**SEND YOUR COMPLETED
QUESTIONNAIRE AND LAYOUT PLAN**

TO:

Office of Health Protection
600 E Capitol
Pierre, SD 57501-2536
Phone (605) 773-3364
Fax (605) 773-5904
www.state.sd.us/doh